

L20 000070002

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

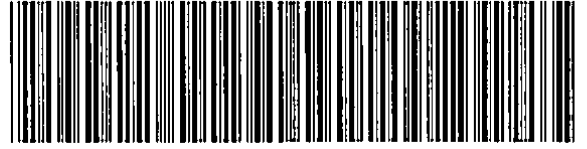
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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05/07/20 10:05--039 +\$25.00

2020 MAY 7 PM 2:39

C GOLDEN

MAY 27 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Vascular PEMF Therapy LLC
(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Theresa Budie
(Contact Person)

(Firm/Company)

628 E. Silver Star Rd.
(Address)

Ocoee, FL 34761
(City/State and Zip Code)

For further information concerning this matter, please call:

Terry Budie at (407) 353-4792
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

\$25 Filing Fee

\$55 Filing Fee & Certified Copy

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

RECEIVED
MAY 04 2020



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 11, 2020

THERESA BRIDIE
628 E SILVER STAR RD
OCOEE, FL 34761

SUBJECT: VASCULAR PEMF THERAPY, LLC
Ref. Number: L20000070002

We have received your document for VASCULAR PEMF THERAPY, LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Terri J Schroeder
Regulatory Specialist III

Letter Number: 920A00009587



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FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

**DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

(Pursuant to 605.0216, Florida Statutes)

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: Vascular PEMF Therapy, LLC

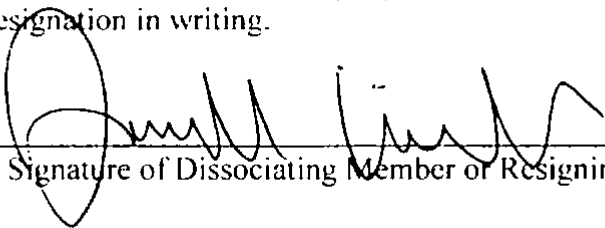
2. The Florida document/registration number assigned to this limited liability company is:
L20000070002

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 3/3/20

4. I. Danielle Bridie Wild, hereby withdraw/resign as a
(Print Name of Person Resigning)

MOR
(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.


Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)